

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

053307

FILING DATE

5-22-87

APPLICANT(S)

Bednorski et al

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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3		/				
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49		/				
50		/				
TOTAL IND.	11					
TOTAL DEP.	39					
TOTAL CLAIMS	50					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
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97						
98						
99						
100						
TOTAL IND.	18					
TOTAL DEP.	22					
TOTAL CLAIMS	40					